

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

MT-7715

(Inmate Number)

1: CV 0205

DERRICK MCKINNEY

(Name of Plaintiff)

S.C.I. Camp Hill P.O. Box 200

(Address of Plaintiff)

Camp Hill, PA. 17001-0200

(Case Number)

vs.

COMPLAINT
Civil Action

SUPERINTENDENT KELLEHER, w/it

MANAGER STEIGERWALT, C/O NIXDORF

C/O SNOOK, C/O WARNER

(Names of Defendants)

FILED
SCRANTON

JAN 31 2005

PER [Signature]
DEPUTY CLERK

TO BE FILED UNDER: ☒ 42 U.S.C. § 1983 - STATE OFFICIALS

☐ 28 U.S.C. § 1331 - FEDERAL OFFICIALS

I. Previous Lawsuits

- A. If you have filed any other lawsuits in federal court while a prisoner please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

MCKINNEY vs. C/O Kingston et al 95-7280 (1995) THE
HONORABLE HERBERT J. HUTTON JR. Also MCKINNEY vs.
GUTHRIE et al. No. # 1: CV-01-2088 and (02-1620 3rd
CIR) THE HONORABLE Judge Sylvia H. Rambo (2001)

II. Exhaustion of Administrative Remedies

- A. Is there a grievance procedure available at your institution?
☒ Yes ☐ No
- B. Have you filed a grievance concerning the facts relating to this complaint?
☒ Yes ☐ No

If your answer is no, explain why not _____

- C. Is the grievance process completed? ☒ Yes ☐ No

III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use Item B for the names, positions and places of employment of any additional defendants.)

- A. Defendant DONALD L. KELLEHER is employed
as SUPERINTENDENT at SCI CAMP HILL P.O. Box 200 CAMP HILL PA
- B. Additional defendants UNIT MANAGER BLAINE STEIGERWALT
ALL CORRECTIONAL OFFICERS ONE'S C/O NIX DORF
C/O SNOOK, and C/O WARNER ALL At:
SCI CAMP HILL P.O. Box 200 CAMP HILL, PA. 17001-0200

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

1. THIS IS AN ACTION PURSUANT TO 42 USC § 1983 FILED BY A STATE PRISONER
ALLEGING VIOLATIONS OF HIS 1ST, 8TH AND 14TH AMENDMENTS RIGHTS
TO THE UNITED STATES CONSTITUTION THIS COURT HAS JURISDICTION UNDER
28 USC § 1331 AND 1343 AS WELL AS JURISDICTION UNDER 28 USC § 2201 AND 2202
2. WHICH AUTHORIZE DECLARATORY AND INJUNCTIVE RELIEF. THE DEFENDANTS
ARE BEING SUED INDIVIDUALLY AND OFFICIAL CAPACITIES. THIS
WAS IN RETALIATION FOR CASES: COMMONWEALTH V. MCKINNEY 00-1899 CRIMINAL TERM,
AND MCKINNEY VS. GUTHRIE ET AL. 1:CV-01-2088. BOTH CASE'S WAS ON APPEAL
NO. # 30 MT, 2003 140 MDA 2002, AND NO. # 02-1620 3RD CIR RESPECTIVELY!
3. ON FEBRUARY 21, 2003 AT OR AROUND 7:00-7:30PM IT IS LOGED, I PLAINTIFF WAS
BEING ESCORTED COMING FROM S.M.U. MINI LAW LIBRARY BY C/O NIX DORF, C/O SNOOK
AND C/O WARNER UPON CHECKING PLAINTIFF DERRICK MCKINNEY
LEGAL WORK IT WAS STATED YOU STILL GOT THAT CASE ON

1

V. Statement of Plaintiff

4. Guturie, "This was said by C/O Nixdorf." I Plaintiff DERRICK MCKINNEY did not respond. The OFFICERS ON 2 to 10 PM shift made up their own Rule and Policy stating no talking when being escorted back and forth to Camp Hill's small mini Law Library, which at said time was no Rule or Policy.
5. Plaintiff knew that C/O Nixdorf was out to start trouble when he came with C/O SNOOK and C/O WARNER. BECAUSE I DERRICK MCKINNEY Plaintiff would not say anything C/O Nixdorf, who was walking directly behind Plaintiff DERRICK MCKINNEY stepped on the back of the heel of my foot and in a simultaneously move, pushed DERRICK MCKINNEY Plaintiff forward making my body jerk at this same time C/O SNOOK was holding Plaintiff on my left arm and C/O WARNER flanked Plaintiff on my right side struck me in the back of my head along with C/O Nixdorf, repeatedly being hit with closed fists, C/O Nixdorf was stating all the time you better stay your case on "Guturie" (#02-1620 3rd Cir).
6. Yassin Mohammad # CU-0143 started "~~kicking~~" his door telling the OFFICERS to get off Plaintiff DERRICK MCKINNEY until I was grabbed by all said OFFICERS shoved in my cell B-216.
7. I Plaintiff DERRICK MCKINNEY then stood up and watched C/O SNOOK go too Yassin Mohammad # CU-0143 cell J226 saying your next when you go to the law library. ↑

Yassin Mohammad # CU-0143 RECEIVED A DC-141 FROM OFFICER SNOOK ON THIS SAME DAY 2-21-03. THIS WAS HOW PLAINTIFF DERRICK MCKINNEY WAS ABLE TO FILE GRIEVANCE DC-141.

8. DERRICK MCKINNEY, PLAINTIFF WAS DENIED MEDICAL ATTENTION. PLAINTIFF IMMEDIATELY REQUESTED MEDICAL ATTENTION FOR HIS INJURIES. PLAINTIFF DERRICK MCKINNEY WAS DENIED REQUEST TO SEE AND SIGN UP FOR SICK CALL. COULD NOT GET SICK CALL SLIP FROM 2 TO 10 PM. SHIFT. AND P.A. NEWFIELD HAS HER OWN RULES ALSO. I TRIED TO TALK TO AN NURSE JANE DOE BUT ALL SHE SAID WAS SIGN UP FOR SICK CALL.

9. UNIT MANAGER STEIGERWALT AND SUPERINTENDENT KELCHNER WAS AWARE OF PLAINTIFF'S SITUATION I DERRICK MCKINNEY PLAINTIFF CONSTANTLY WAS BRINGING THIS TO THEIR ATTENTION.

10. I WAS BEING RETALIATED ON BY BEING DENIED, BURNED, SCORCHED, DECLINED, OR REFUSED FOR EVERYTHING, WASH, SHOWER, FOOD EVERY-NOW-AND-THEN I WILL GET TO EXT. 2 TO 10 PM. SHIFT LEGAL WORK, LAW LIBRARY, PAPER WORK, BATHROOM TISSUE, SOAP, TOOTH PASTE AND LAUNDRY. AND ALL MAIL WAS BEING TRAMPER WITH OUT GOING AND INCOMING.

I PLAINTIFF DERRICK MCKINNEY WAS GIVEN BOGUS DC-141 MISCONDUCTS BY SAID OFFICERS C/O NIXDORF AND C/O SNOOK, AND I DERRICK MCKINNEY HAD TO GET MISCONDUCTS DC-141'S JUST (SO) PLAINTIFF CAN APPEAL TO THE P.R.C. AND SUPERINTENDENT KELCHNER.....

11. Superintendent Ketchner and Unit Manager Steigerwalt Both had turn a deaf ear to the illegal conduct of their officers.

12. Plaintiff Derrick McKinney had sent DC-13A Requests, GRIEVANCE'S Appeals, Misconduct's Appeals and P.R.C. Appeals.

13. Plaintiff also voiced his complaints verbally in his periodic review hearings and Program Review Committee's hearings.

I Derrick McKinney Plaintiff asked constantly to be separated or transferred away from said officers before the assault occurred.

Plaintiff fails not to mention the inadequate S.M.U. Make Mini Law Library.....

CONCLUSION


AFTER NUMEROUS complaints and Appeals to: COURT OF COMMON PLEAS OF CAMBERLAND COUNTY, PENNSYLVANIA, AND United States COURT OF Appeals FOR THE THIRD CIRCUIT, THE SUPREME COURT OF PENNSYLVANIA FOR THE MIDDLE DISTRICT. AND PENNSYLVANIA DEPARTMENT OF CORRECTIONS Administration.

Plaintiff DERRICK MCKINNEY was finally transferred TO: SCI GREENE S.M.U. PROGRAM.

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

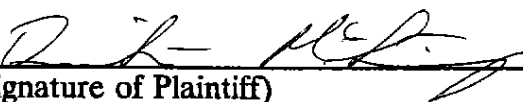
1. Plaintiff Request a declaratory Judgment that the
defendants acts policies and practices described
herein violated Plaintiff rights under the
constitution.
2. Compensatory damages to compensate Plaintiff for
his injuries for all defendants liable, Punitive
damages to punish the defendants for their
willful violations of Plaintiff Federal Rights
3. A Jury on all Issues triable by Jury Grant Plaintiff
the costs of Litigation And such other and
further relief as the court deems,
Just, Proper, and Equitable.

Signed this 29 day of NOVEMBER, 04.


(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

11-29-04
(Date)


(Signature of Plaintiff)

ACKNOWLEDGMENTS

COUNTY OF CUMBERLAND)

SS:

COMMONWEALTH OF PENNSYLVANIA)

On this, the 29th day of Nov 2004, before me a notary Public, the undersigned officer, personally appeared DERICK MCKINNEY D 7715 known to me (or satisfactorily proven) to be the person whose name is subscribed to within instrument, and acknowledged that he executed the same for the purpose therein contained.

In witness whereof, I hereunto set my hand and official seal.

Manuel Velazquez
Notary public

| |
|--|
| NOTARIAL SEAL Manuel Velazquez, Notary Public Camp Hill, Cumberland County My Commission Expires April 18, 2005 |
|--|

IN THE UNITED STATES DISTRICT COURT FOR
THE MIDDLE DISTRICT OF PENNSYLVANIA

PROOF OF SERVICE

I VERRICK MCKINNEY / #ST-7715 PLAINTIFF DECLARES
UNDER THE PENALTY OF PERJURY PURSUANT
TO 18 PA C.S. § 4904 AND 28 U.S.C. § 1746 THAT I
MAILED 42 U.S.C. § 1983 FORMS TO: OFFICE OF THE
CLERK AT: U.S. MIDDLE DISTRICT COURT 235 NORTH
WASHINGTON AVE P.O. BOX 1148 SCRANTON, PA. 18501.
BY PLACING IT IN A LEGAL ENVELOPE AND GIVING
THE LEGAL ENVELOPE TO THE S.M.U. OFFICER TO
PLACE IT IN THE MAILBOX HERE AT S.C.I.
CAMP HILL S.M.U.

DATE: 11-29-04

J.M.

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

| | | | |
|---|--|---|--|
| PLAINTIFF <u>BERRICK McKINNEY</u> | | COURT CASE NUMBER | |
| DEFENDANT <u>SUPERINTENDENT DONALD L. KELEHNER</u> | | TYPE OF PROCESS <u>Civil Action</u> | |
| NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>S. C. E. Camp Hill</u> | | | |
| ADDRESS (Street, Apt. No., Apartment No., City, State and ZIP Code) <u>P.O. Box 200 Camp Hill, PA. 17001-0200</u> | | | |
| NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW <u>SUPERINTENDENT ASSISTANT</u> <u>IND W. TROST</u> <u>2500 Lisburn Rd P.O. Box 200</u> <u>Camp Hill, PA. 17001-0200</u> | | Number of process to be served with this Form - 285 <u>5</u> | |
| | | Number of parties to be served in this case <u>5</u> | |
| | | Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

8:00 AM. At: Commonwealth of Pennsylvania, Department of Corrections
State Correctional Institution at Camp Hill
2500 Lisburn Road P.O. Box 200
Camp Hill, PA. 17001-0200

| | | | |
|--|---|-------------------------------------|-------------------------|
| Signature of Attorney or other Originator requesting service on behalf of: <u>D.L. McKinney</u> | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER <u>437-4531</u> | DATE <u>11-29-04</u> |
|--|---|-------------------------------------|-------------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------|---------------------------------|--------------------------------|--|---------------|
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u> | Date _____ |
|---|---------------|---------------------------------|--------------------------------|--|---------------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

| | |
|--|--|
| Name and title of individual served (if not shown above) | A person of suitable age and discretion then residing in the defendant's usual place of abode. <input type="checkbox"/> |
| Address (complete only if different than shown above) | |
| Date of Service | Time _____ am _____ pm |
| Signature of U.S. Marshal or Deputy _____ | |

| | | | | | | |
|-------------|--|----------------|---------------|------------------|--------------------------------|-------------------|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund. |
|-------------|--|----------------|---------------|------------------|--------------------------------|-------------------|

REMARKS

NOTE

PRIOR EDITIONS
MAY BE USED

3. NOTICE OF SERVICE

FORM USM-285 (Rev. 12/15/80)

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**
See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

| | |
|--|--|
| PLAINTIFF <i>Berrick McKinney</i> | COURT CASE NUMBER |
| DEFENDANT <i>OFFICER WINTER</i> | TYPE OF PROCESS <i>Civil Action</i> |
| NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>SEE CAMP HILL</i> | |
| ADDRESS (Street, Apt. No., City, State and ZIP Code) <i>P.O. Box 200 Camp Hill PA 17001-0200</i> | |

NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:

*92 U.S.S. 1983 Civil Action**BERRICK MCKINNEY**P.O. Box 200**Camp Hill, PA 17001-0200*

| | |
|---|----------|
| Number of process to be served with this Form - 285 | <i>5</i> |
| Number of parties to be served in this case | <i>5</i> |
| Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service).

*8:00 AM AT: COMMONWEALTH OF PENNSYLVANIA, Department of Corrections
State Correctional Institution at Camp Hill
2500 Lisbon Road P.O. Box 200
Camp Hill, PA 17001-0200*

| | | | |
|---|---|---|-------------------------|
| Signature of Attorney or other Originator requesting service on behalf of: <i>D. L. McKinney</i> | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER <i>(717) 737-4531</i> | DATE <i>11-29-04</i> |
|---|---|---|-------------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------|---------------------------------|--------------------------------|--|------|
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized USMS Deputy or Clerk | Date |
|---|---------------|---------------------------------|--------------------------------|--|------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks" the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

| | |
|--|---|
| Name and title of individual served (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. |
| Address (complete only if different than shown above) | Date of Service _____ Time _____ am pm |
| | Signature of U.S. Marshal or Deputy |

| | | | | | | |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|

REMARKS:

NOTEPRIOR EDITIONS
MAY BE USED**3. NOTICE OF SERVICE**

FORM USM-285 (Rev. 12/15/80)

Case 1:05-cv-00205-SHR Document 1-1
U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

| | |
|--|--|
| PLAINTIFF <i>Berrick McKinnel</i> | COURT CASE NUMBER |
| DEFENDANT <i>OFFICER NIXSON</i> | TYPE OF PROCESS <i>Civil Action</i> |
| NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>SCF. Langhill</i> | |

| |
|---|
| ADDRESS (Street, Apt. No., City, State and ZIP Code) <i>PO Box 200 Langhill, PA 17001-0200</i> |
|---|

| |
|---|
| NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW <i>POST 9/13 Civil Action Berrick McKinnel PO Box 200 Langhill, PA 17001-0200</i> |
|---|

| |
|---|
| Number of process to be served with this Form - 285 <i>5</i> |
| Number of parties to be served in this case <i>5</i> |
| Check for service on U.S.A. |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

*8:00 AM AT: COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF CORRECTIONS
STATE CORRECTIONAL INSTITUTION AT LANGHILL
2500 LISBURN ROAD P.O. BOX 200
LANGHILL, PA 17001-0200*

| | | | |
|---|---|-------------------------------------|-------------------------|
| Signature of Attorney or other Originator requesting service on behalf of: <i>D. L. McKinnel</i> | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER <i>737-4531</i> | DATE <i>11-29-04</i> |
|---|---|-------------------------------------|-------------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|---------------|---------------------------|--------------------------|--|------|
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin No. | District to Serve No. | Signature of Authorized USMS Deputy or Clerk | Date |
|--|---------------|---------------------------|--------------------------|--|------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks" the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

| | |
|--|---|
| Name and title of individual served (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. |
| Address (complete only if different than shown above) | Date of Service Time am pm |
| Signature of U.S. Marshal or Deputy | |

| | | | | | | |
|-------------|---|----------------|---------------|------------------|--------------------------------|-------------------|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund. |
|-------------|---|----------------|---------------|------------------|--------------------------------|-------------------|

REMARKS

NOTE

Case 1:05-cv-00205-SHR Document 101-05 Page 12 of 14
U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

| | |
|---|--|
| PLAINTIFF <u>Berrick McKinnel</u> | COURT CASE NUMBER |
| DEFENDANT <u>UNIT HANOVER BLAINE STEIGERWALT</u> | TYPE OF PROCESS <u>Civil Action</u> |
| NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>SCS Camp Hill</u> | |

ADDRESS (Street, Apt. No., City, State and ZIP Code)
PO Box 200 Camp Hill PA 17001-0200

NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:
U.S.C. Civil Action
BERRICK MCKINNEL
P.O. Box 200
Camp Hill, PA. 17001-0200

| | |
|---|----------|
| Number of process to be served with this Form - 285 | <u>5</u> |
| Number of parties to be served in this case | <u>5</u> |
| Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

8:00 AM At: Commonwealth of Pennsylvania, Department of Corrections
State Correctional Institution at Camp Hill
2500 Lisburn Road P.O. Box 200
Camp Hill, PA. 17001-0200

| | | | |
|--|---|-------------------------------------|-------------------------|
| Signature of Attorney or other Originator requesting service on behalf of: <u>[Signature]</u> | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER <u>437-1531</u> | DATE <u>11-29-04</u> |
|--|---|-------------------------------------|-------------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

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| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized USMS Deputy or Clerk | Date |
|---|---------------|---------------------------------|--------------------------------|--|------|

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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

| | |
|--|---|
| Name and title of individual served (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. |
| Address (complete only if different than shown above) | Date of Service _____ Time _____ am _____ pm |
| | Signature of U.S. Marshal or Deputy |

| | | | | | | |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|
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REMARKS:

NOTE

PRIOR EDITIONS
MAY BE USED

3. NOTICE OF SERVICE

FORM USM-285 (Rev. 12/15/80)

Case 1:05-cv-00205-SHR Document 1-1 Filed 11/01/05 Page 13 of 14
U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

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| | |
|--|--|
| PLAINTIFF <i>Derrick McKenney</i> | COURT CASE NUMBER |
| DEFENDANT <i>OFFICER SNOOK</i> | TYPE OF PROCESS <i>Civil Action</i> |
| NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>S.E.C. Emergency Hall</i> | |
| ADDRESS (Street, Apartment No., City, State, and ZIP Code) <i>Emergency Hall PA. 200 Box 17001-0200</i> | |
| NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW <i>12-U.S.C. 3783 Civil Action Derrick McKenney P.O. Box 200 Emergency Hall, PA 17001-0200</i> | |
| Number of process to be served with this Form - 285 <i>5</i> | |
| Number of parties to be served in this case <i>5</i> | |
| Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

*8:00 AM At Emergency Hall of Pennsylvania, Department of Justice
State Correctional Institution at Lancaster
2000 Lancaster PA 17601-0200
Emergency Hall PA 17001-0200*

| | | | |
|---|---|---|-------------------------|
| Signature of Attorney or other Originator requesting service on behalf of: <i>Derrick McKenney</i> | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER <i>717 727-7271</i> | DATE <i>11.22.05</i> |
|---|---|---|-------------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

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| | Signature of U.S. Marshal or Deputy |

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REMARKS:

NOTE

PRIOR EDITIONS
MAY BE USED

3. NOTICE OF SERVICE

FORM USM-285 (Rev. 12/15/00)

P.O. Box 200
Lang Hill, PA 17001-0200

OFFICE OF THE CLERK
U.S. Middle District Court
235 N. Washington^{Ave}
P.O. Box 1148
Scranton PA 18501

RECEIVED
SCRANTON
JAN 31 2005
MARY E. LINDENBAUM CLERK
DEPUTY CLERK